

REQUEST FOR CORRECTION BY JOURNAL VOUCHER

To: Department of Administration
Division of Accounts and Reports
Audit Services Team

From: Agency No. _____ Signature _____

Please prepare a journal voucher to process the corrections as set forth below:

Document type (check one):

Payment voucher processed under agency's delegated audit authority	_____
Payment voucher	_____
Interfund payment voucher (not SOKI ³)	_____
Interfund receipt*(not SOKI ³)	_____
SOKI ³ interfund document	_____
Treasurer's receipt	_____

Document number to be corrected _____ Date processed _____

*Interfund receipts require paying agency number _____ voucher _____
(not required for SOKI³)

	T/C	Encumbrance/sfx	fund	bfy	index	pca	sub-obj	amount	agency use
Correct									
From:									

Correct
To:

Purpose of change:

Document number to be corrected _____ Date processed _____

*Interfund receipts require paying agency number _____ voucher _____
(not required for SOKI³)

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